

1-866-FAM-PACT

Highlights:

- Family PACT services include all Food and Drug Administration (FDA) approved contraceptive methods.
- Four new hormonal contraception options, the vaginal ring, transdermal patch, intrauterine system, and emergency contraception, offer clients more options for clientcentered choices.
- Annually, more than 1.2 million low-income, uninsured California residents receive contraceptive and reproductive health services through the Family PACT Program.
- Availability of an array of contraceptive options, accompanied by education and counseling, enables clients to select methods that can be used successfully to meet their needs.
- In California, eligible lowincome women can obtain emergency contraception at no cost through the Family PACT Program.
- Advances in contraceptive technology that offer different delivery systems increase the likelihood that women will successfully use contraceptives that best meet lifestyle needs.

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Advances in Family Planning Methods

Background

Studies show that an estimated 53% of unintended pregnancies occurring in the US annually are among women using contraception.¹ The majority of these pregnancies are attributed to inconsistent or incorrect method use. While factors affecting the selection of a contraceptive method vary depending on personal reproductive and lifestyle needs, women seeking contraception frequently report high efficacy rates and ease of use as key factors in selecting a method. Offering a greater variety of options increases the odds that every individual will find a method that meets her needs. Family PACT offers women four new hormonal methods: vaginal ring, transdermal patch, intrauterine system, and emergency contraception (EC).

Family PACT Program

California's Family PACT Program provides clinical services for family planning reproductive health at no cost to eligible uninsured residents, filling a critical gap in health care for the indigent, low-income, and working poor. Women and men are eligible if they reside in California, are at risk of pregnancy or causing pregnancy, have a gross family income at or below 200% of the federal poverty level, and have no other source of health care coverage for family planning services. The Family PACT Program is administered by the Department of Health Services, Office of Family Planning.

The program offers clients the choice of all currently approved birth control methods, devices and supplies. As new birth control methods are approved by the FDA and marketed, Family PACT includes them in the services covered by the program.

Advances in Contraceptive Technology

Advances in contraceptive technology over the past twenty years have significantly expanded women's contraceptive options. Some of the nation's leading clinical trials and efficacy studies have analyzed the effects of hormonal regimes and fertility regulation, thus contributing to the development of new and safe contraceptive options for Californian women.

New Methods

	Intrauterine System	Vaginal Ring	Transdermal Patch	Emergency Contraception
Efficacious	Yes	Yes	Yes	Yes
Office Visits Required	Insertion & Removal	Prescription	Prescription	Prescription
Easily Reversible	Yes	Yes	Yes	Yes
Dosing Frequency	5 years	Every 4 weeks	Weekly	Within 72 hours of unprotected sex
User Controlled	No	Yes	Yes	Yes
Discreet	Yes	Yes	Sometimes	Yes

To maintain compliance with the program's legislative mandate and meet the diverse contraceptive needs of clients, Family PACT has expanded the list of available contraceptive options to include four new methods that are effective, reversible and easy to use.

New Methods

Vaginal Ring 2

- Contains the same hormones, estrogen and progestin, as oral contraceptives (pills) and transdermal patches; unlike pills, the ring maintains a steady-state serum hormone level throughout the month.
- This is a once a month method: each ring is placed in the vagina for three weeks and removed for one week to allow for menstruation.
- Very effective, self administered and easy to use.
- Side effects similar to the pill and patches.
- Does not protect against sexually transmitted infections.

Transdermal Patch 3

- Band-aid like patch containing the same hormones as the pill and vaginal ring.
- This is a once a week method: it's worn on the skin for 3 weeks (7 days per patch) and removed for one week to allow for menstruation.
- Very effective, self administered and easy to use.
- Side effects similar to the pill and vaginal ring.
- Does not protect against sexually transmitted infections.

Intrauterine System (IUS) 4,5

- T-shaped device containing one of the hormones used in pills, rings and patches (progestin) that is placed in the uterus.
- Provides continuous protection from pregnancy for up to 5 years.
- Inserted by a clinician.
- Highly effective, but is reversible.
- Does not protect against sexually transmitted infections.

Emergency Contraception 6

- Emergency contraception pills contain the same hormones used in birth control pills.
- EC pills should be taken within 72 hours after unprotected sex.
- Very effective, self administered and easy to use. FPACT does not require a scheduled appointment or a physical exam to obtain EC pills.
- No known long-term or serious side effects.
- Does not protect against sexually transmitted infections.

Family PACT Contraceptive Options

- Emergency Contraception
- Oral Contraceptives
- Vaginal Ring
- Transdermal Patch
- Injections
- Intrauterine Contraception
- Implants
- Male and Female Condoms
- Diaphragm and Cervical Cap
- Spermicides
- Fertility Awareness Methods
- Lactation Amenorrhea Method
- Female and Male Sterilization

Conclusion

Four new effective hormonal contraceptive methodsthe patch, ring, IUS, and emergency contraceptionoffer women greater options and convenience that may lead to consistent method use, thereby decreasing the chance of unintended pregnancy. The Family PACT Program offers all approved contraceptive options, counseling and education services for method selection and use, and access to contraceptives at no cost to eligible clients. Family PACT is designed to assist individuals in reducing the risk for unintended pregnancy or the risk for causing pregnancy by addressing or responding to the client's personal preference for contraceptive method.

This information was compiled by the University of California, San Francisco, Center for Reproductive Health Research & Policy under contract #00-90982 with the California Department of Health Services – Office of Family Planning.

¹ Henshaw SK. Unintended pregnancy in the United States. Fam Plann Perspect. 1998; 30(1):24-29 & 46.

² Dieben TO, Roumen FJ, Apter D. Efficacy, cycle control and user acceptability of a novel combined contraceptive vaginal ring. *Obstet Gynecol.* 2002 Sep;100(3):585-93. ³ Audet MC, Moreau M, Koltun W, Waldbaum A, Shangold G, Fisher A, Creasy G. Evaluation of contraceptive efficacy and cycle control of a transdermal contraceptive patch vs an oral contraceptive: A randomized controlled trial. *JAMA*. 2001 May; 285(18): 2347-2354.

⁴ The intrauterine system (IUS) and intrauterine device (IUD) are also known as intrauterine contraceptives (IUC).
⁵ Andersson K, Odlind V, Rybo G. Levonorgestrel-releasing and copper-releasing (Nova T) IUDs during five years of use: A randomized comparative trial. *Contraception*. 1994 January; 49: 56-72.

⁶ For more information see the Family PACT Fact Sheet on Emergency Contraception.